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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/650,326 (Conf. No.: 6882)

Filing Date August 28, 2003

First Named Inventor Keith A. Hruska

Art Unit 1649

Examiner Name Christina M. Borgeest

Attorney Docket Number JJJ-P01-599 (STK-P01-599)

ENCLOSURES (Check all that apply)

 Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Nucleotide and/or Amino Acid Sequence Submissiona. Computer Readable Form (CRF)
 Computer Readable Form (CRF)b. Specification Sequence Listing on:
 Paper
 Statements verifying identity of above copies Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____ Landscape Table on CD After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Notice of Appeal) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):

Request for Continued Examination

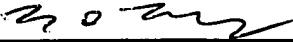
Postcard

Remarks

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 06-1075, Account No. 003443-0095-101. I have enclosed a duplicate copy of this sheet.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Ropes & Gray LLP Customer No. 1473

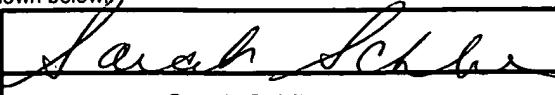
Signature 

Printed name Ryan D. Murphey

Date July 11, 2008 Reg. No. 61,156

EXPRESS MAIL CERTIFICATION (EM125015485US)

I hereby certify that this correspondence is being EXPRESS MAILED to the USPTO or deposited with the United States Postal Service with sufficient postage as express mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

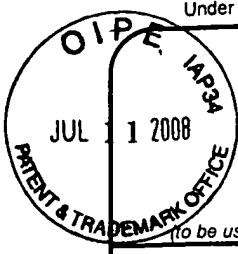
Typed or printed name Sarah Schlie

Date July 11, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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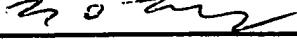
TRANSMITTAL FORM

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| | | | |
|--|--|------------------------|------------------------------|
| | | Application Number | 10/650,326 (Conf. No.: 6882) |
| | | Filing Date | August 28, 2003 |
| | | First Named Inventor | Keith A. Hruska |
| | | Art Unit | 1649 |
| | | Examiner Name | Christina M. Borgeest |
| Total Number of Pages in This Submission | | Attorney Docket Number | JJJ-P01-599 (STK-P01-599) |

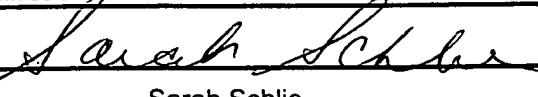
| ENCLOSURES (Check all that apply) | | | | | |
|--|--|---|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <ul style="list-style-type: none"> a. Computer Readable Form (CRF) <ul style="list-style-type: none"> <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> <input type="checkbox"/> Paper <input type="checkbox"/> Statements verifying identity of above copies | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Notice of Appeal) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination <input type="checkbox"/> Postcard | | | |
| | | Remarks The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-1075</u> , Account No. <u>003443-0095-101</u> . I have enclosed a duplicate copy of this sheet. | | | |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|--------------|--------|
| Firm Name | Ropes & Gray LLP | Customer No. | 1473 |
| Signature |  | | |
| Printed name | Ryan D. Murphey | | |
| Date | July 11, 2008 | Reg. No. | 61,156 |

EXPRESS MAIL CERTIFICATION (EM125015485US)

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| | | | |
|-----------------------|---|------|---------------|
| Signature |  | | |
| Typed or printed name | Sarah Schlie | Date | July 11, 2008 |

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JUL 11 2008

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEET TRANSMITTAL

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** 3,040.00

Complete If Known

| | |
|----------------------|---------------------------|
| Application Number | 10/650,326 |
| Filing Date | August 28, 2003 |
| First Named Inventor | Keith A. Hruska |
| Examiner Name | Christina M. Borgeest |
| Art Unit | 1649 |
| Attorney Docket No. | JJJ-P01-599 (STK-P01-599) |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

This application is being filed unaccompanied by a filing fee. The appropriate filing fee will be paid in response to a Notice to File Missing Parts, pursuant to 37 C.F.R. § 1.53(f).

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

* The filing fee has been calculated based on the claims after entry of the enclosed Preliminary Amendment.

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fees Paid (\$) |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | _____ |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | _____ |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | _____ |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | _____ |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$)

50

25

Each independent claim over 3 (including Reissues)

Fee (\$)

210

105

Multiple dependent claims

Fee (\$)

370

185

Total Claims

Extra Claims

Fee (\$)

Fees Paid (\$)

- 20 or HP = _____ x _____ = _____

Multiple Dependent Claims

Fee (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fees Paid (\$)

- 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
| - 100 = | /50 = | (round up to a whole number) x _____ | = | Fee Paid (\$) |

4. OTHER FEE(S)

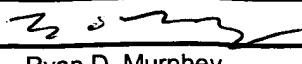
Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Continued Examination
Petition for Extension of Time

810.00

2,230.00

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. 61,156 (Attorney/Agent) | Telephone 212-596-9000 |
| Name (Print/Type) | Ryan D. Murphey | | Date July 11, 2008 |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 11 2008

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Effective on 12/08/2004.

FEE TRANSMITTAL
For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$ 3,040.00)

Complete If Known

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|----------------------|---------------------------|
| Application Number | 10/650,326 |
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| Examiner Name | Christina M. Borgeest |
| Art Unit | 1649 |
| Attorney Docket No. | JJJ-P01-599 (STK-P01-599) |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

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Charge fee(s) indicated below

Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

Credit any overpayments

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FEE CALCULATION

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1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 |
| Design | 210 | 105 | 100 | 50 | 130 | 65 |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

Total Claims Extra Claims Fee (\$) Fees Paid (\$)

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

- 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fees Paid (\$)

Fee (\$) Fee Paid (\$)

- 3 or HP = _____ x _____ = _____

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3. APPLICATION SIZE FEE

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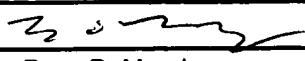
| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | /50 = | (round up to a whole number) x | = | <u>Fee Paid (\$)</u> |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

| | | |
|--------------------------------------|-----------------------------------|----------|
| Other (e.g., late filing surcharge): | Request for Continued Examination | 810.00 |
| | Petition for Extension of Time | 2,230.00 |

SUBMITTED BY

| | | | |
|-------------------|---|---|------------------------|
| Signature |  | Registration No. 61,156 (Attorney/Agent) | Telephone 212-596-9000 |
| Name (Print/Type) | Ryan D. Murphey | | Date July 11, 2008 |

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